



Order Updates for Your Provider Toolkit

For use by health-care providers

Quantity	Title and Item Description
_____	Quick Reference Guide For Clinicians
(max: 5)	"Treating Tobacco Use and Dependence" USDHHS publication
_____	Nicotine Dependence Treatment Medication Summary
(max: 5)	One-page reference
_____	Pocket 5 A's & Medication Help Guide
(max: 5)	Card with "My advice to you" on one side and "Quitting is tough. Medication can help." on the other side
_____	Prescription Pad (Quit Using Tobacco Today!)
(max: 15)	(25 sheets per pad)
_____	Provider Fax Form
(max: 3)	Authorization to release information
_____	Member Brochure
(max: 25)	"You can quit. We can help."
_____	Poster
(max: 3)	For waiting rooms and other patient areas

Other resources (not in the Provider Toolkit)

_____	Spit Tobacco Booklet - A Guide For Quitting
(max: 50)	National Cancer Institute publication
_____	Clearing The Air (smoking cessation information)
(max: 50)	National Cancer Institute publication
_____	Quitline Wallet Card
(max: 100)	Plastic wallet card, "Take Charge. You can quit. We can help." Includes Quitline phone number
_____	Patient Information Card
(max: 50)	Pregnant mother and infant
_____	Patient Information Card
(max: 50)	Pregnant mother and infant (Native American)
_____	Patient Information Card
(max: 50)	Blue collar worker
_____	Patient Information Card
(max: 50)	Young couple
_____	Poster - Pregnant Woman
(max: 3)	For waiting rooms and other patient areas

The following resources are also available from the North Dakota Tobacco Prevention and Control website at www.ndtobaccoprevention.net under the Cessation link.

_____	North Dakota Cessation Programs booklet
(max: 1)	(listing of local cessation providers)
_____	North Dakota Tribal Area Cessation Programs booklet
(max: 1)	(listing of tribal area cessation providers)
_____	Map of North Dakota Cessation Programs
(max: 1)	
_____	Cessation Grants
(max: 1)	(information about applying for grants to fund city or county cessation programs)

(complete ordering information on reverse side)

Date:

Your name:

Business/Health Agency name:

Mailing address:

City: North Dakota Zip:

Phone number:

Fax number:

Email address:

Type of health-care agency (check one or more)

- | | |
|--|---|
| <input type="checkbox"/> Public Health Nursing | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Doctor's office |
| <input type="checkbox"/> OB/GYN office | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Respiratory Care |
| <input type="checkbox"/> Mental Health/Substance Abuse Treatment | <input type="checkbox"/> Home Health Care |
| <input type="checkbox"/> Smokefree Families Program | <input type="checkbox"/> Other (describe) _____ |

To Order:

MAIL

Division of Tobacco Prevention and Control
North Dakota Department of Health
600 E. Boulevard Avenue, Dept. 301
Bismarck, N.D. 58505-0200

OR

EMAIL

quitline@state.nd.us

OR

CALL

North Dakota Division of Tobacco Prevention and Control
at 1.800.280.5512 or 1.701.328.3138



NORTH DAKOTA
DEPARTMENT *of* HEALTH

